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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 06181/000J707-US0	
	In re Application of Joong H. Auh et al.		
	Application Number 09/938,334	Filed August 23, 2001	
	For COMPOSITION FOR DETECTING BETA-1,3-GLUCAN		
	Art Unit 1651	Examiner R. J. Gitomer	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 950.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.	
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.	
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.	
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.	
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-0100.	
I have enclosed a duplicate copy of this sheet.	
I am the <input type="checkbox"/> applicant/inventor.	
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 51,401	
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a)	
July 28, 2004 Date	
(212) 409-3790 Telephone Number	
 Signature	
Stephanie R. Amoroso, Ph.D. Typed or printed name	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

<input type="checkbox"/> Total of 1 forms are submitted.
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950.00 OP

Express Mail Label No.	Dated: _____
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